



PATENT  
600-1-087 CIP2I

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Jeffrey M. Friedman et al.

SERIAL NO. : 08/485,943 EXAMINER: P. Twomey

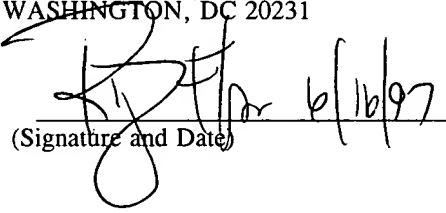
FILED : June 7, 1995 ART UNIT: 1804

FOR : MODULATORS OF BODY WEIGHT, CORRESPONDING  
NUCLEIC ACIDS AND PROTEINS, AND DIAGNOSTIC  
AND THERAPEUTIC USES THEREOF

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the ASSISTANT COMMISSIONER OF PATENTS, WASHINGTON, DC 20231 on June 16, 1997.

David A. Jackson, Reg. No. 26,742  
(Name of Registered Representative)

  
(Signature and Date) 6/16/97

ASSISTANT COMMISSIONER OF PATENTS  
WASHINGTON, DC 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

☒ The fee has been calculated as shown below.

[X] This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total Claims	86	Minus	70 = 16	0 x	\$22/ \$11	=352.00
Independent Claims	7	Minus	9 = 0	0 x	\$80/ \$40	=0.00
				Total additional fee for this amendment		352.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
 \*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$250/\$125 has been previously paid ☐, or is paid herewith ☐.

[X] This response is being filed within the ☐ first month, ☐ second month, ☐ third month, ☒ fourth month following the expiration of the term originally set therefor, and the fee of ☐ \$110/55; ☐ \$390/\$195; ☐ \$930/\$465; ☒ \$1,470/\$735 for the requisite extension is due and ☐ paid herewith.

[X] Two checks totalling the amount of \$ 1,822.00 is attached.

☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 11-1153.

[X] Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 11-1153. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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